

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

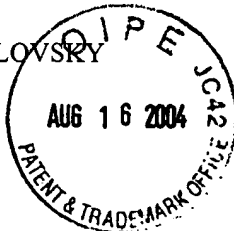
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30623 7590 05/17/2004

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
 AND POPEO, P.C.
 ONE FINANCIAL CENTER
 BOSTON, MA 02111



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/903,216 | 07/11/2001 | Jack R. Wands | 21486-032DIV2 | 9747 |

TITLE OF INVENTION: DIAGNOSIS AND TREATMENT OF MALIGNANT NEOPLASMS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 08/17/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| CANELLA, KAREN A | 1642 | 424-141100 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ingrid A. Beattie, Ph.D., J.D.
 2. MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rhode Island Hospital

Providence, Rhode Island

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Ingrid A. Beattie

(Date)

8/16/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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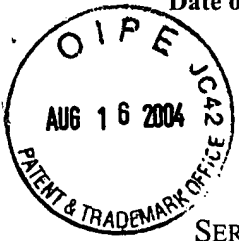
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| 02 FC:1504 | 300.00 OP |
| 03 FC:8001 | 30.00 OP |

TRANSMIT THIS FORM WITH FEE(S)

Express Mail Label No.: EV392132309US

Date of Deposit: August 16, 2004

Attorney Docket No: 21486-032DIV2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Wands, et al.
SERIAL NUMBER : 09/903,216 EXAMINER : Karen A. Canella
FILING DATE : July 11, 2001 ART UNIT : 1642
FOR : Diagnosis and Treatment of Malignant Neoplasms

MAIL STOP: ISSUE FEE
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:

- ☒ Response to Notice of Allowance and Issue Fee Due (1 pgs.);
- ☒ PTOL-85, Part B - Fee(s) Transmittal Form (1 pg., in duplicate);
- ☒ Check #19164 in the amount of \$1,630.00;
- ☒ Check #19165 in the amount of \$30.00 for 10 copies of patent; and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21486-032DIV2. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

Ingrid Beattie, Reg. No. 42,306

Attorney for Applicants

c/o MINTZ LEVIN COHN FERRIS
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Boston, Massachusetts 02111
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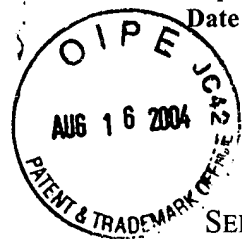
Dated: August 16, 2004

Customer No. 30623

Express Mail Label No.: EV392132309US

Date of Deposit: August 16, 2004

Attorney Docket No: 21486-032DIV2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Wands *et al.*

SERIAL NUMBER: 903,216

EXAMINER: Karen A. Canella

FILING DATE: July 11, 2001

ART UNIT: 1642

FOR: DIAGNOSIS AND TREATMENT OF MALIGNANT NEOPLASMS

Mail Stop: Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE AND ISSUE FEE DUE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated May 17, 2004 for the present application. The required issue fee and an advanced order of ten (10) copies (\$30.00), and a copy of Form PTOL-85B are submitted herewith.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311, Ref. No. 21486-032DIV2.

Respectfully submitted,

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Dated: August 16, 2004